

Federal Interagency Committee on Emergency Medical Services

June 25, 2012

Meeting Minutes/Summary

Members in Attendance

DEPARTMENT OF TRANSPORTATION

David Strickland, Acting Chair
Administrator, National Highway Traffic Safety Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Edward J. Gabriel, MPA, EMT-P
Principal Deputy Assistant Secretary for Preparedness and Response

Terry Adirim, MD, MPH
Director, Office of Special Health Affairs
Health Resources and Services Administration

Jean K. Sheil
Director, Emergency Preparedness and Response Operations
Centers for Medicare & Medicaid Services

David R. Boyd, MDCM, FACS
National Trauma Systems Coordinator
Indian Health Services

DEPARTMENT OF HOMELAND SECURITY

Alexander Garza, MD, MPH
Assistant Secretary of Health Affairs and Chief Medical Officer

Ernest Mitchell
Administrator, U.S Fire Administration

DEPARTMENT OF DEFENSE

Col. Nancy Dezell
Office of the Assistant Secretary of Defense for Health Affairs

FEDERAL COMMUNICATIONS COMMISSION

David Furth
Deputy Chief, Public Safety and Homeland Security Bureau

STATE EMS DIRECTOR

Robert Bass, MD
Executive Director, Maryland Institute for Emergency Medical Services Systems

Welcome, Introduction, and Opening Remarks

The Federal Interagency Committee on Emergency Medical Services Meeting took place on June 25, 2012, from 9:00 a.m. to 12:00 p.m.

NHTSA Administrator David Strickland welcomed members and the public to the meeting. Mr. Strickland informed the committee that Kevin Yeskey had retired from public service since the last meeting, and that he would be taking the role of interim chair. Mr. Strickland also informed the committee that David Boyd would be retiring as well, and that this would be his final FICEMS meeting. Mr. Strickland thanked Dr. Boyd for his service. Mr. Strickland also acknowledged Dia Gainor from NASEMSO, who has recently awarded the National Public Safety Board Award.

After introductions, the minutes from the December 19, 2011 FICEMS meeting were reviewed and unanimously approved with no changes.

Correspondence Received

Mr. Strickland acknowledged receipt of several correspondences, including a letter received from Lou Lombardo that was referenced at the last FICEMS meeting, the National EMS Advisory Council's (NEMSAC) response to FICEMS regarding Model Uniform Core Criteria for Mass Casualty Triage (MUCC), and three letters received from the NTSB on the Mexican Hat bus safety recommendations.

National EMS Advisory Council Report

Aarron Reinert, chair of NEMSAC, presented the council's recommendations to FICEMS. Mr. Reinert expressed his honor at being named chair of NEMSAC, and asked that the committee consider the list of recommendations provided by NEMSAC. Mr. Reinert specifically highlighted the recommendations made by the Medical Oversight and Research committee on evidence-based guidelines (EBG), and the Finance Committee's emphasis on the importance of the cost of readiness.

Technical Working Group Committee Reports, Work Plan Updates

The technical working group provided their work plan updates to the committee. Drew Dawson, director of NHTSA's Office of EMS, explained that the technical working group each had FICEMS approved work plans to guide their activities.

In Dr. Rick Hunt's absence, Cathy Gotschall from NHTSA provided an update on the Medical Oversight Committee's work plan, whose focus areas were on helicopter EMS and evidence-based guidelines.

Tasmeen Weik provided the update on the Data and Research Committee's work plan, whose focus areas were internal review boards, the National EMS Information System (NEMSIS), Culture of Safety, and support for EMS research.

Robert Bass gave the update for the Preparedness Committee, whose focus areas were pandemic influenza preparedness and mass casualty incident (MCI) triage.

National Transportation Safety Board Recommendations

The committee discussed the NTSB's recommendations on the Mexican Hat, Utah bus crash and helicopter EMS. The NTSB recommendation on the Mexican Hat bus crash asked that FICEMS evaluate the system of emergency care response to large-scale transportation related rural accidents, and once the evaluation is complete, to create guidelines for EMS response, which will be disseminated to states. So far the evaluation tool has been completed, though there remain concerns regarding the guideline for the states as there might be too much information for states to comb through. To prepare for this, the work group on the recommendations plans to include case studies of successes in the guidelines, to help states better understand the tool.

There were two recommendations regarding helicopter EMS. Recommendation A-09-103 asked that national guidelines be developed for the selection of appropriate emergency transportation modes for urgent care. The second recommendation, A-109-102, asked that FICEMS develop national guidelines for the use and availability of helicopter emergency medical transport by regional, state, and local authorities during emergency medical response system planning.

Dr. Kathleen Brown provided an overview of a cooperative agreement between NHTSA and Children's National Medical Center (CNMC) to develop evidence-based guidelines using the National Prehospital Evidence-based Guideline Model Process. Guidelines were developed for helicopter transport of trauma patients and prehospital pain management for adults and children. Dr. Brown outlined the use of the Model Process from which two strong and three weak recommendations were developed. The first strong recommendation was that field triage criteria for all trauma patients should include anatomic, physiologic, and situational components, as outlined in the CDC 2011 Guidelines for the Field Triage of Injured Patients, in order to risk-stratify injury severity and guide decisions as to destination and transport modality. The second strong recommendation was that EMS providers should not be required to consult with online medical direction before activating HEMS for trauma patients meeting appropriate physiologic and anatomic criteria for serious injury.

Dr. Brown stated that the group working on the project planned to present their findings as five manuscripts: one manuscript each describing the development of the pediatric seizure, HEMS, and pain management EBGs; and two manuscripts describing the guideline methodology and implementation.

Mr. Strickland moved that the committee accept a draft of a FICEMS letter to the NTSB on the status of the response to recommendations, including the HEMS guidelines. The motion was approved unanimously.

Election of FICEMS Chair through December 2012

Mr. Strickland asked the committee to vote on the election of FICEMS Chair. Mr. Strickland proposed that he could continue as chair until December 2012, or that HHS could decide to take the role and the committee could hold an election that day. Dr. Alex Garza suggested that Mr. Strickland remain chair until December 2012, to allow HHS to have a full year as chair. Mr. Strickland made the motion that he remain acting chair until December 2012. The motion was approved.

Model Uniform Core Criteria for Mass Casualty Triage – Next Steps

Dr. Bass presented NEMSAC's response to FICEMS's request for information on MUCC. The council ultimately suggested that FICEMS endorse MUCC, and suggested that FICEMS incorporate MUCC's pre-existing criteria as a checklist to measure the adoption of MUCC principles by the national EMS community. The council felt that there was no need for an addendum to be published to the National EMS Education Standards referencing the principles of MUCC. NEMSAC's response also outlined the barriers faced by state, territorial, and tribal governments when implementing MUCC, and explained actions that FICEMS should take in engaging non-federal national EMS stakeholder organizations in supporting national implementation of MUCC. The TWG will continue to develop an implementation plan.

FICEMS Strategic Planning

The committee transitioned to strategic planning for FICEMS. Mr. Strickland explained that the intent of the process was to guide agencies to projects that build toward common goals. He informed the committee that DHS provided initial funding for the project, and that DOT and the Department of Defense would also contribute financially. Mr. Dawson explained that DHS has a contractor in place to help compile public input, facilitate interagency meetings and assist in writing a five-year high level strategic plan for FICEMS. The TWG is concentrating on identifying five or so goals that are consistent with existing authorities of FICEMS agencies.

Emerging Issues in EMS from Federal Agencies and Agency Updates

To discuss emerging issues in EMS, Dr. Beth Edgerton from HRSA presented on the agency's National Pediatric Readiness Assessment, which gauges the readiness of numerous emergency departments, both ones who are approved for pediatrics (EDAPs) and those that are not (non-EDAPs), throughout the United States.

Dr. Edgerton provided an overview of the EMS for Children (EMSC) program, which contains four key components. The largest is a grant program to the states, which focuses on accomplishing EMSC performance measures. There are also state regionalization of care demonstration grants which work to develop innovative models of improving pediatric emergency care in rural, tribal, and territorial communities. Targeted issue grants are demonstration projects addressing EMSC program priorities and resulting in projects that are applicable across state borders. The Pediatric Emergency Care Applied Research Network (PECARN) a network of 18 emergency departments where HRSA funds the infrastructure. The research infrastructure funds a research coordinator at each site and a small percentage of a principal investigator's time. Individual studies are funded by NIH and other entities. The program has \$39 million in funding from NIH and other federal agencies and is involved in ten studies that are actively ongoing. Most of PECARN's research is focused in the emergency department, although several have implications in the prehospital setting.

EMSC also funds two resource centers that provide essential technical assistance to states and grantees. They also work closely with national organizations, and are responsible for much of the dissemination and implementation of EMSC products and research. The National Emergency Data Analysis Resource Center (NEDARC) is responsible for helping states with their data

collection systems and providing workshops and technical assistance on how to collect and analyze data.

Dr. Edgerton shared some of the results of the readiness assessment in California. Fifty-eight percent of emergency departments had a perfect readiness score. When looking at Los Angeles EDAPs vs. non-EDAPs, 91.8 percent of EDAPs had a perfect readiness score, while 68 percent of non-EDAPs had a perfect score. Dr. Edgerton hoped that the experiences from California would help guide the process of implementing the national readiness survey.

David Furth provided an update on Next Generation 9-1-1 (NG9-1-1). Mr. Furth described NG9-1-1 broadly speaking as the transition of the current system from phone to internet, which is to be deployed over the next ten years. Right now there is a strong focus on developing text in the 9-1-1 system. A month prior to the meeting Verizon Wireless announced text to 9-1-1 capabilities by early next year. AT&T plans to follow suit. Mr. Furth also informed the committee that recent legislation had ramifications concerning emergency communication, including the validation of NHTSA's long standing role in 9-1-1, and direction to the FCC to submit a report to Congress by February 2013 on developing a regulatory framework for 9-1-1. Dr. Bass mentioned that one of the challenges 9-1-1 will have to consider is how to do medical interrogations or give pre-arrival instructions through texts.

Public Comment

There were no public comments offered.

Tribute to Dr. Yeskey and Dr. Boyd

The committee ended the meeting with a tribute to Dr. Kevin Yeskey and Dr. David Boyd. Mr. Strickland told the committee that Dr. Yeskey served as FICEMS chair twice, and played a vital role in the improvement of EMS across the country. Dr. Boyd was presented with a plaque honoring his decades of service to EMS and the Federal government. Dr. Boyd thanked the committee, and reminisced on his 45 years of work in EMS.

The committee adjourned at 12:00 p.m.